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AUTHOR Webb, Rodman B.; Legg, Sue M.
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ABSTRACT

In this study 651 teachers, administrators and guidance counselors working in 16 randomly selected Florida junior high schools, middle schools and senior high schools gave their opinions on drug education, school policies for drug offenders and the causes of drug abuse. Drug education experts throughout the country also responded to the same questions. The survey showed that the opinions of educators differ markedly from the opinions of drug education experts and that there is more agreement in opinion among experts than among educators. The survey also showed that educator attitudes can be a source of resistance to effective drug education as it is defined by experts because: (1) educators are more likely than experts to see drug use as immoral and as a result of parental permissiveness; (2) educators are more likely to believe that schools cannot help drug users; and (3) educators take a more punitive approach to drug users than do experts. Incorporating this information on educator and expert attitudes toward drug education, the survey authors present an evaluation checklist for a drug education program. (Author/RF)

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THE DRUG EDUCATION CONTROVERSY: ATTITUDES OF EDUCATORS AND EXPERTS

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FLORIDA EDUCATIONAL
RESEARCH AND DEVELOPMENT COUNCIL, INC.

RESEARCH BULLETIN

THE DRUG EDUCATION CONTROVERSY: ATTITUDES OF EDUCATORS AND EXPERTS

by

Rodman B. Webb
Associate Professor of Education
University of Florida

and

Sue M. Legg
Assistant Director of Testing and Evaluation
Office of Instructional Resources
University of Florida

with the assistance of

Alanson Van Fleet
University of Tennessee

James Giarelli
University of Florida

Steve Richarde
University of Florida

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FOREWORD

The Drug Education Controversy: Attitudes of Educators and Experts is a report of a Florida Educational Research and Development Council sponsored study of teacher, administrator, and guidance counselor attitudes toward drug education. The study also investigates the opinions of drug education experts and compares them with the opinions of these educators. The study shows that teacher opinions vary widely and that opinions can affect not only a teacher's delivery of a drug education program, but its results as well.

What is your opinion on how drug education programs should be conducted? Do you agree or disagree with the opinions stated? The authors of this Bulletin offer you an opportunity to compare your answers with those people surveyed. This report could be the basis for discussion among those people responsible for planning and implementing drug education programs in a school district.

On behalf of FERDC I congratulate the authors for presenting an important current topic in a readable manner.

W. F. Breivogel
Guest Editor

The Drug Education Controversy:

Attitudes of Educators and Experts

There is some irony in the fact that despite massive criticisms of American schooling there remains a persistent belief that no problem is so big that education can't solve it. The national call for drug education is a case in point. A 1975 report to the President of the United States stated that government efforts to reduce the supply of illicit drugs, imprison drug traffickers and rehabilitate drug users were not likely to significantly retard drug use. "Ultimately," the report concluded, "the drug problem can only be contained through effective drug education and prevention efforts."[1]

What is "effective" drug education? This report deals with this question in a unique way. Its authors surveyed a sample of Florida educators and asked their opinions on drug education, school policies for drug offenders and the causes of drug abuse. The same questions were asked of drug education experts throughout the country.

A review of the drug education literature and an analysis of experts' responses to our survey allow us to set out some guidelines for effective drug education. However, there is more to drug education than a set of guidelines. Our survey indicates that the opinions of teachers, administrators and guidance counselors differ markedly from the opinions of drug education experts. The attitudes of educators are likely to be an important

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[1] The Domestic Council Drug Abuse Task Force, White Paper on Drug Abuse (Washington, D. C.: U. S. Government Printing Office, Sept. 1975), p. 65.

source of resistance to effective drug education, at least as it is defined by experts. An analysis of educator opinion shows how drug educator's attitudes are intricately connected with a teacher's world view. We conclude, therefore, that such attitudes will not be easily changed. The significance of this feeling is discussed in the last section of this report.

Attitudes exist not only in the context of an individual's personality, but in a social context as well. For this reason it is necessary to briefly review the origins of the drug education controversy. Readers familiar with the history of drug education may wish to skip this section and move on to the discussion of research findings that begins on page 8.

A Climate of Ignorance, Fear and Political Controversy

It is a sad fact that drug abuse was largely ignored until it spilled from poverty areas into the middle class in the late 1960's. Its spread among middle class youth was dramatic, taking parents and educators by suprise. In fact, many refused to acknowledge the existence of a drug problem despite clear signs of its presence. One high school principal, for example, announced to local newspapers that there was no drug use in his high school. Much to his embarrassment, the next day police discovered a mid-morning pot party behind his school's cafeteria. The situation was made worse when it was discovered that two of the young people arrested were the principal's own children. The example is extreme, but it serves to remind us of the naivete of parents and educators during this period.

Drug abuse reached epidemic proportions quickly and educators were called upon to build drug education programs almost overnight. Widespread drug abuse was a new phenomenon, however, and no one was sure how to proceed. The only relevant experience was in the area of alcohol and tobacco abuse education and there was little research to indicate that these efforts had been effective.

Teachers knew almost nothing about what drugs were, what they were called, what they looked like, where they were available, what they did to the body or why individuals used them. When they turned to experts for help they were surprised to find little agreement on the answers to these questions.

The problem of ignorance was compounded by the problem of fear. Drug abuse was having grave social, psychological and physiological effects on the young. Some children were dying. Parents and educators shared the fear that perhaps their children would be caught in the tar pit of drug addiction. Conservative estimates drawn from the National Center for Health statistics and State Health Departments indicated that drug related deaths rose from 5,138 in 1963 to 9,920 in 1971.[1] Two high schools ran drug consumption studies among their students in 1966 and 1967. They found that experimentation with marijuana grew from 20% to over 50% of their students in just a year's time.[2]

The problems surrounding drug abuse were further clouded by political controversy. Drug use was a part of the anti-establishment mood of the 1960's and early 70's and this mood spread with drug use into the "youth culture." The music of the day screamed "everybody must get stoned" and some young people came to see the use of drugs as a political statement. Some radicals suggested that the young "light up and light out" for the coming revolution. Hippie groups advised "dropping acid" (LSD) and "dropping out" of society. Educators, a generally conservative group, viewed such messages with ideological alarm. Drug use was seen by them not only as a threat to health but to the structures of school and society as well.

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[1]William Barton, "Drug-Related Mortality in the United States, 1963-71," Drug Forum, Vol. 4 (1), 1974, p. 83.

[2]Donald Louria, The Drug Scene (New York: Bantan Books, 1970).

It is important to remember that many drug education programs and school policies covering drug use were fashioned in the heat of fear, ignorance and political turmoil. Some programs and policies still bear the stamp of these forces. Much has transpired since the early days of drug education, however, and we can now look back to see how far we have come.

Early Errors in Drug Education

Early attempts at drug education were simplistic. Lacking knowledge and useful guidance from experts, educators tended to view drug abuse as an informational problem.[1] If students were given the facts about drugs, it was assumed they would not fool with them. In retrospect, it seems as if we should have known better. Adults could have examined their own behavior. After all, many adults smoke heavily even though science has confirmed that such a habit can kill them. Others gorge themselves with fattening foods knowing full well the dangers of overweight. Perhaps we should have known that a quick infusion of information was not going to be enough to solve the problem of epidemic drug abuse. A second flaw in the informational approach to drug education was its assumption that educators, or at least experts, knew what "the facts" were concerning drugs and drug abuse. That was not the case. Happily, much has been learned since that time but there is still a great deal to be discovered.

Matters were made worse because students frequently claimed to know more about drugs than their teachers, and took pride in correcting adult errors. Frequently, student information was erroneous or distorted by the mythologies of the drug culture, but teachers knew little about

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[1] See Bill C. Wallace, Education and The Drug Scene (Lincoln, Nebraska: Professional Educators Publications, Inc., 1974), pp. 83-108.

the area and were not able to spot these mistakes or prove them false. Many teachers were insecure in drug education classes. Unfortunately, some tried to hide their ignorance and insecurity behind a steel wall of conviction. Scare tactics in drug education became a face-saving device for teachers who were unwilling to admit they didn't know much about drugs. Convinced that drugs were terribly dangerous, some teachers attempted to frighten students away from their use by sharing erroneous information.

The combined pressures of fear, ignorance and politics made it difficult for teachers to keep their bearings and to view drug education issues with an open mind. Some could see no distinction between "soft drugs," such as marijuana, and "hard drugs," such as heroin. We observed one well meaning but uninformed teacher telling her class that beer drinking was the first step down a short road to heroin addiction.

Today's drug education literature warns against such exaggerated claims. It points out that if students discover that teachers misrepresent the facts in one area, they may conclude that educators are wrong in other areas as well. A misstatement about marijuana, for example, may lead students to disregard a perfectly valid warning about the dangers of amphetamine use. This was a difficult message to get across in the early days of drug education. Some teachers listened to the assertion that marijuana smoking was not causally related to heroin addiction and concluded that someone was condoning the use of both drugs. Such attitudes have not disappeared, though they are less prevalent today.

Scare tactics were not restricted to curriculum matters. Many schools hoped that harsh penalties for drug possession would effectively discourage drug use. There is not much evidence to support this assertion. Yet harsh penalties did serve to rid schools of problem students. Unfortunately, such

policies did not rid students of their drug problems and in many instances encouraged students to hide such problems from their teachers. Such penalties were harsh and perhaps even counter-productive, but it must be remembered that in the late '60's schools were ill prepared to handle the problems of drug abuse and there were few local agencies prepared to assist school officials. Happily, that situation has changed dramatically. Today many agencies stand ready to counsel drug abusers and advise school systems (and families) on drug related matters.

Drug Abuse and Decision-Making

There is little educators can do to reduce the supply of drugs available to students. Therefore, in recent years drug education has worked to lessen the demand for drugs rather than their supply. How can this be done? While searching for answers to that question, drug educators had to confront some basic facts. They came to realize that drug abuse begins with a conscious decision to experiment with drugs. Such decisions are often made by immature youngsters acting on insufficient information under the strain of peer group pressure. Confronted with these facts, drug educators came to see that their task was to help young people make rational decisions under adverse circumstances. This was difficult to do.

It is relatively easy to provide drug information. It is relatively easy to tell students what their drug use decisions should be. It is difficult, however, to avoid making such lessons "preachy" and abstract. If drug education is about decision-making, educators must ask what opportunities schools provide students for making decisions. Certainly students choose to follow school rules or to break them, but this involves conformity and not decision-making. In a perverse way, the lesson of blind conformity can encourage drug use. A student trained to conform to the immediate pressures of the school will find

it easy to conform to the immediate pressures of the peer group. When friends are encouraging a student to use drugs, the decision to abstain is an act of non-conformity. However, few schools choose to educate youngsters in the skills of intelligent non-conformity.

Experimenting With Drug Education

Because school systems did not have a clear notion of what direction drug education should take, early programs were by definition experimental. Educators simply did not know what would work. Unfortunately, few early drug education programs were undertaken in the spirit of scientific experimentation. School systems were not modest enough to admit they didn't know what they were doing. The public pressure was intense and schools did not want to advertise that they were experimenting. To put it bluntly, teachers could not be sure that their drug education efforts would decrease drug use. It was possible that their programs would have no effect, or worse, they might subtly encourage drug experimentation among students.[1]

Understandably, perhaps, educators were unwilling to admit such grim possibilities to the public or to themselves. Instead they proceeded without the controlled conditions necessary for experimentation, without devices to measure program effects and without a commitment to discovery. The assumption was that any action was better than inactivity and that drug abuse was so serious a problem that we could not afford to bog down our drug education efforts with the extra baggage of scientific experimentation. To take just one example, the State of New Jersey set up a crash program in drug education after only a few months planning. Every junior and senior public high school teacher was

[1]See Bill C. Wallace, Education and The Drug Scene (Lincoln, Nebraska: Professional Educators Publications, Inc., 1974), p. 85.

given drug education training and all public junior and senior high school students were required to attend drug education classes. All of this was accomplished in one academic year. Unfortunately, the experience did not bring new information to the drug education field. No systematic effort was made to discover the effects of the program on a state or local level. No effort was made to systematically diversify approaches in different areas so that the results could be fruitfully compared. New Jersey's drug education program was random, unplanned, unmonitored and, as far as anyone could tell, unproductive. While not all education programs were as ambitious or wide-ranging as the New Jersey experiment, this pattern has been repeated in local school districts across the country.

While the experimental model does not typify the drug education effort, neither has it been an unknown entity. There is now a good deal of material designed to help school systems effectively evaluate their drug education efforts. Increasing numbers of drug education programs are carefully gathering information about their results. These efforts will be invaluable to the drug education enterprise.[1]

Research Findings

The Focus of This Study

Many drug education efforts have been weakened because they paid exclusive attention to the attitudes and behaviors of students. While this area is important, it is no more so than the attitudes and behaviors of teachers

[1]One notable example from Florida is the Drug Education Through the Humanities program in Sarasota County, Florida. It has not only produced a promising approach to drug education; it has developed a valuable model of evaluation. Contact David Rothel, project director, 2418 Hatton Street, Sarasota, Florida, 22477.

administering drug education programs. It has been a professional assumption that any qualified teacher can be trained to become an effective drug educator. Such an assumption forgets that drug education is controversial and there is still disagreement as to what approach is most effective. This study investigates teacher opinions and some of the most controversial areas of drug education. It will show the teacher opinions vary widely and it will suggest that opinions can affect not only a teacher's delivery of a drug education program, but its results as well.

The study also investigates the opinions of drug education experts and compares them with the opinions of educators. The attitudes of experts were not unanimous, but, as might be expected, they were not as wide ranging as those of educators. Not so expected, however, was the dramatic differences found between the attitudes of teachers and the attitudes of experts.

Who Participated in this Study?

The study investigates the attitudes of 651 teachers, administrator and guidance counselors working in 16 randomly selected junior high schools, middle schools and senior high schools in Florida. The sample is not representative of all Florida's school districts but rather of the 35 counties belonging to the Florida Educational Research and Development Council at the time of the study. Therefore, no large cities the size of Miami or Jacksonville are represented in the study. A number of smaller cities are represented, however.

A sample of drug education experts was drawn from lists supplied by the United States Department of Health, Education and Welfare and the Florida Department of Education. Our sample includes college professors working in the drug education field, project directors of school drug education programs, drug educational personnel working in drug rehabilitation programs and State Department of Education personnel from around the country working in the area

of drug education. Needless to say, there is no agreement on what constitutes an expert and we have no sure way of judging if an expert's skills are as impressive as his or her title. However, we did include a battery of questions which explored the experience and drug-related education of respondents. The results show that our experts have either a good deal of experience in drug education, a good deal of education in the area, or both. Of course, this is soft evidence of expertise but it is probably as good as can be gathered through self-administered questionnaires.

This report has been developed in the hope that it will be read. Therefore, we have avoided reporting intricate statistical analyses wherever possible.[1]

Major Findings

The findings of this study are presented under three headings:

1. "The Reasons for Drug Use"
2. "Policies and Prescriptions"
3. "The Power of Punishment"

Each section summarizes responses to questions on specific topics and briefly discusses findings. Bar graphs report the answers to each question. We have chosen bar graphs over tables because graphic representation gives a somewhat better sense of patterns of opinion and the extent of differences existing between the attitudes of experts and educators. Responses by educators are presented side by side with responses of experts.

Most questions were of a forced choice variety. That is, respondents were given statements and asked to register their degree of agreement or disagreement across a four-point scale: Agree Strongly, Agree Somewhat,

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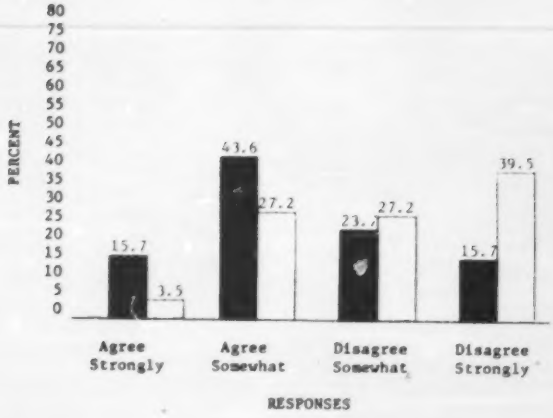
[1] Anyone wanting further information about this study is invited to contact Rodman B. Webb, College of Education, University of Florida, Gainesville, Florida 32611

Disagree Somewhat, Disagree Strongly. To facilitate easy comparisons we have included with each graph a category labeled Total Agreement (in which we add those who "agree strongly" and "agree somewhat") and Total Disagreement (in which we add those who "disagree strongly" and "disagree somewhat"). These numbers are presented to the right of each graph.

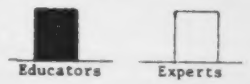
Reasons for Drug Use

Why do students use drugs? The answers teachers bring to this question are likely to affect their presentation of drug education material. That, of course, is a hypothesis that cannot be proven by a study that looks only at opinions. Yet it seems logical that an educator who feels drug use as a result of permissiveness on the part of parents or immorality on the part of students is likely to see the task of drug education quite differently from someone who believes that student drug use has something to do with the way schools are organized.

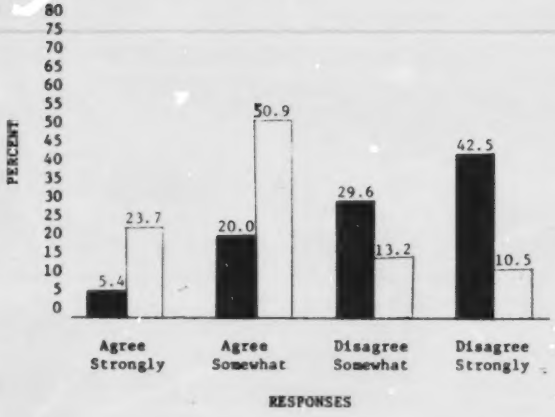
Respondents were asked a series of questions regarding the reasons for student drug use. The results are shown in graphs 1 through 4. It can be seen from these graphs that educators disagree with experts on the probable causes of drug use. Educators are more likely than experts to see drug use as a result of parental permissiveness and to define drug use as an immoral act. Experts are more likely to believe that students use drugs because of the pleasure they bring. Experts are also more likely to see the organization and policies of schools as contributing to drug use. Educators strongly oppose such notions.



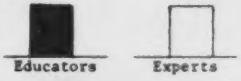
	Total Agree	Total Disagree	No Answer
Educators (N=651)	59.3	39.4	1.3
Experts (N=114)	30.7	66.7	2.6



Graph 1 Drug use is just one of the unhappy results of many years of parental permissiveness.

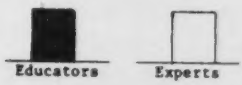


	Total Agree	Total Disagree	No Answer
Educators (N=651)	25.4	72.1	2.5
Experts (N=114)	74.6	23.7	1.7

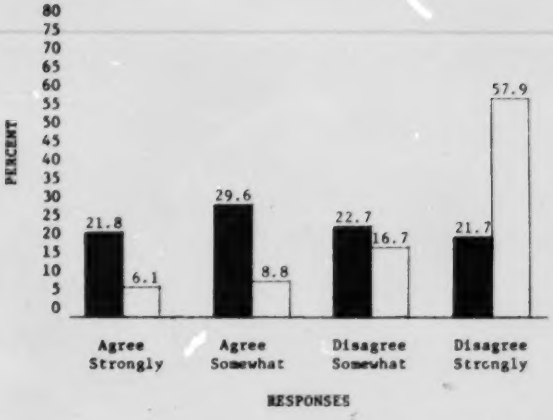


Graph 2 Drug use may have something to do with the way schools are organized. If schools were freer, more pleasant places to be in, drug problems might diminish.

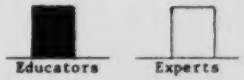
	Total Agree	Total Disagree	No Answer
Educators (N=651)	58.4	33.4	8.2
Experts (N=114)	86.8	11.4	1.8



Graph 3 One reason why children use drugs is that drugs are pleasurable.



	Total Agree	Total Disagree	No Answer
Educators (N=651)	51.4	44.4	4.2
Experts (N=114)	14.9	74.6	10.5



Graph 4 Drug abuse is an immoral act.

Taken together, these results make it clear that educators and experts disagree substantially on the causes of drug use. It is not clear how these differences would affect drug education programs but it would be hard to argue that they would not have consequences.

Policies and Prescriptions

What educators see as the causes of drug abuse can be expected to influence the policies and prescriptions they bring to bear on its prevention. We have already seen that educators and experts entertain quite different notions as to why students use drugs. It should not surprise us, then, that they also disagree as to what schools can and should do about student drug use. Graphs 5 through 9 illustrate some of these differences.

We have just seen that educators do not believe schools contribute to the causes of drug use. Significantly, we now find that large numbers of surveyed educators believe schools cannot help drug users. Forty-seven percent agree that once a student begins to use psychedelic drugs, there is little the school can do to straighten him out. Eighty-four percent of experts disagree with this statement (see graph 5).

We can better understand the response of experts on this set of questions if we make a brief reference to the drug education literature. The predominant opinion in the most recent literature is that drug education teachers should establish close relationships with students in order to facilitate a free exchange of ideas.[1] In such relationships, there is a need for trust and often a need to respect confidentiality. Therefore, experts are not willing to set hard and fast rules guaranteeing that student drug users be separated

[1]For example, see Xenia R. Wiggins, Beyond the Three R's: Training Teachers for Affective Education (Washington, D.C.: U. S. Government Printing Office, 1975). DHEW Publication No. (ADM) 75-233.

from their classmates, reported to their parents or to the law. These are delicate issues and, as can be seen from the graphs in this section, opinions differ among both experts and educators. Generalizations must be made with caution. It is safe to say, however, that experts support a flexible and client-centered approach when counseling drug users. Educators feel a stronger obligation to other publics, specifically parents, the police and the student body.

Seventy-nine percent of educators believe illegal student drug use must be reported to the law. Seventy-two percent of experts disagree with the inflexibility of such a policy (see Graph 6). Eighty-five percent of educators believe the first responsibility of the school must be to share information about student drug use with a student's parents. Forty-three percent of experts disagree (See Graph 7). Sixty-three percent of educators believe student drug users must be removed from the school. Seventy-eight percent of experts disagree (See Graph 8).

It would be unfair to infer from the responses to policy and prescription questions that experts support the wholesale withholding of drug use information from parents, the school or the police. The attitudes recorded in our survey probably reflect the belief that an educator's actions must consider the best interests of the child. Under certain conditions informing the police or parents may be just what is needed. In other situations such reports could add to the problem rather than to its solution. We should also point out that many experts responding to our questionnaire work in states other than Florida. They may know nothing about Florida law.

Information supplied by a student to a teacher is not "privileged communication" under Florida law. If a teacher is called upon to testify in court regarding information he or she received from a student, the teacher

may not claim the communication was "privileged" or "confidential," as doctors may regarding information received from patients, or lawyers may regarding information received from clients. The law is clear on this point. However, it is less clear whether teachers are obligated to turn over drug use information to the police. Gene T. Sellers, General Counsel Office, Florida Board of Education, responded to an inquiry on this question with these "informal" and "unofficial" remarks.

> Whether a teacher is "obligated" to bring information concerning illicit druge use to the "proper authorities" presents a more difficult question. Probably mere knowledge of a student's possession of illicit drugs would not give rise to an "obligation" to tell the proper authorities. The problem here is that knowledge of a felony and/or acts following knowledge of a felony could, at some point, /make an individual/ an accessory after the fact. It is a real and live possibility that one could become an accessory after the fact when one has knowledge of acts that constitute a felonious crime. Unfortunately, I am unable to give you some scientific, concrete formula of when acts and knowledge or a combination of these constitute the crime of accessory after the fact. I merely point this out to show that there may be situations when a teacher's failure to report knowledge received concerning a possession or use of illicit drugs could constitute the crime of accessory after the fact.[1]

Over 30 percent of educators believe the removal of prayer from the school deprived educators of a powerful deterrent to drug use. Experts are skeptical of this view, however. Eighty-five percent indicated disagreement (See Graph 9).

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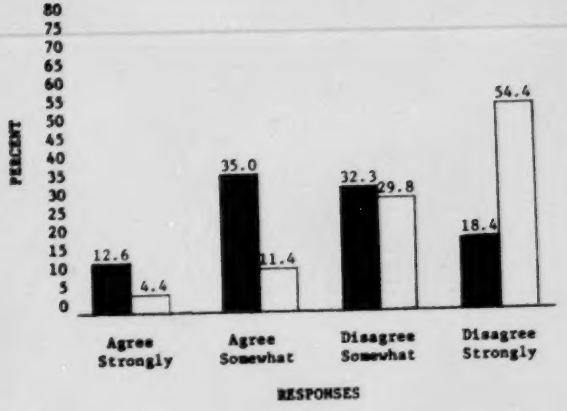
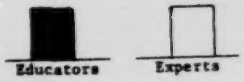
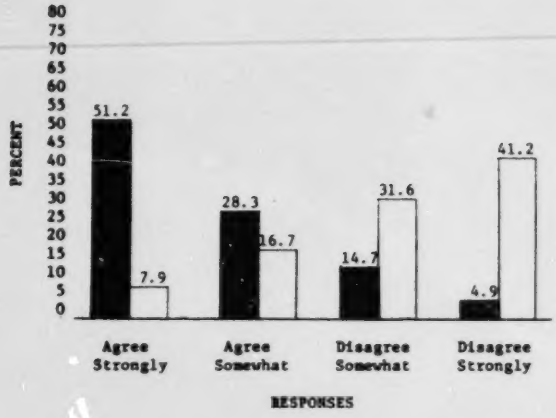
[1]Gene T. Sellers to author December 16, 1977



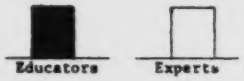
	Total Agree	Total Disagree	No Answer
Educators (N=651)	47.6	50.7	1.7
Experts (N=114)	15.8	84.2	0.0



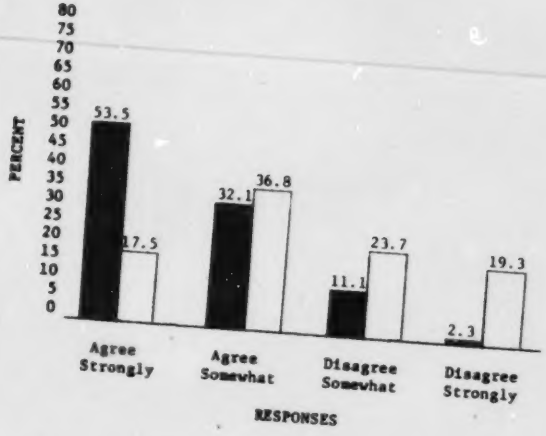
Graph 5 By the time a child begins to use psychedelic drugs he is probably so psychologically disturbed that a school can do very little to straighten him out.



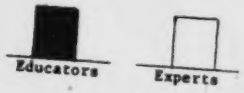
	Total Agree	Total Disagree	No Answer
Educators (N=651)	79.5	19.6	0.9
Experts (N=114)	24.6	72.8	2.6



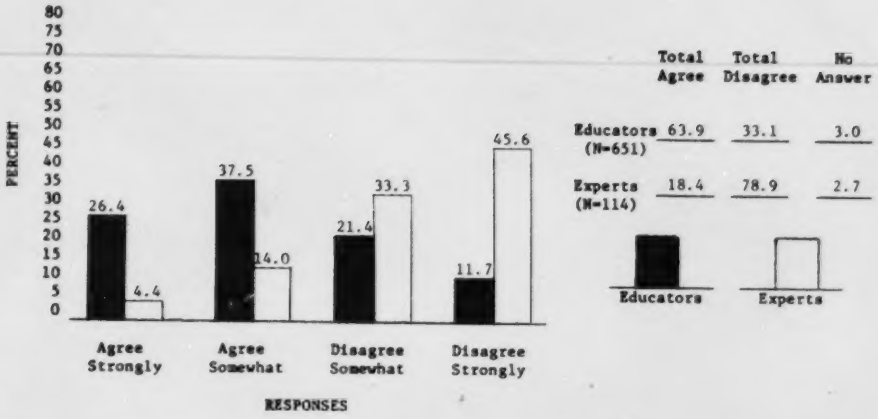
Graph 6 Schools must not become sanctuaries for criminals. All illegal drug use among students must be reported to the proper enforcement authorities.



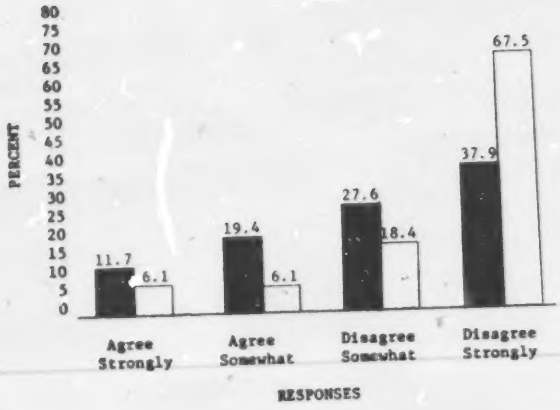
	Total Agree	Total Disagree	No Answer
Educators (N=651)	85.6	13.4	1.0
Experts (N=114)	54.3	43.0	2.7



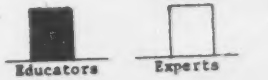
Graph 7 Parents have the right to know if their children are experimenting with drugs. The first responsibility of the school, therefore, must be to share any information it has about a drug user with his parents.



Graph 8 The student who experiments with drugs deserves help, but a school's first responsibility must be to its student body and it is therefore necessary to separate the user from the other students so that drug experimentation does not spread throughout the school.



	Total Agree	Total Disagree	No Answer
Educators (N=651)	31.1	65.5	3.4
Experts (N=114)	12.2	85.9	1.9



Graph 9 When they took prayer out of the schools they deprived educators of a powerful weapon against drug use.

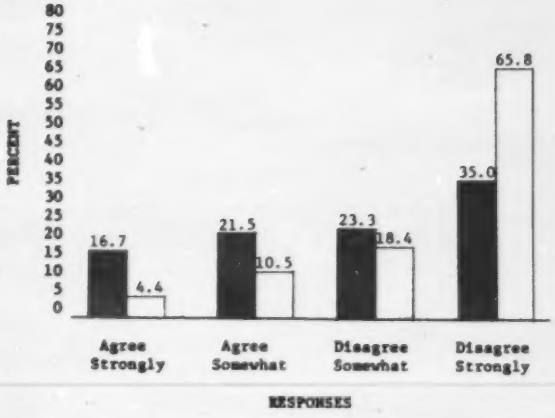
The Power of Punishment

Educators take a more punitive approach to drug users than do experts. One question illustrates this point more sharply than any other. Nearly two-thirds of the educators surveyed indicated a willingness to "at least experiment with a law that would make the death penalty mandatory for anyone convicted of selling any illegal drug to minors." Such a policy would apply the death penalty to a wide variety of crimes. It would necessitate the execution of a corner grocer convicted of selling a six pack of beer to a seventeen year old dressed in his nation's uniform. It would do the same for an eighteen year old convicted of exchanging a marijuana cigarette for a friend's biology notes. It is highly unlikely that the educators responding to this question would have wanted a mandatory death penalty in such cases. It is probable that they wanted such harsh punishments administered to "drug pushers" who sell hard drugs, such as heroin, to school-age youngsters. The fact that many educators fail to see the implications of this question is some measure of the emotional nature of drug issues (See Graph 10).

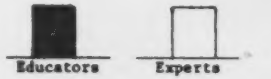
Another question dealt with the possible effects of marijuana use. Sixty-seven percent of educators believe that "when all the evidence is in, marijuana will prove to be very dangerous." Sixty-two percent of experts take the opposite view. There is no telling who is correct on this topic, but the results serve to illustrate that educators and experts approach the issue from very different perspectives (See Graph 11).

Another measure of the educators' faith in the power of punishment is found in responses to the statement, "reduction of penalties for marijuana use will only encourage the young to try it." Almost two-thirds of teachers agree with this statement, while about two-thirds of experts disagree (See Graph 12).

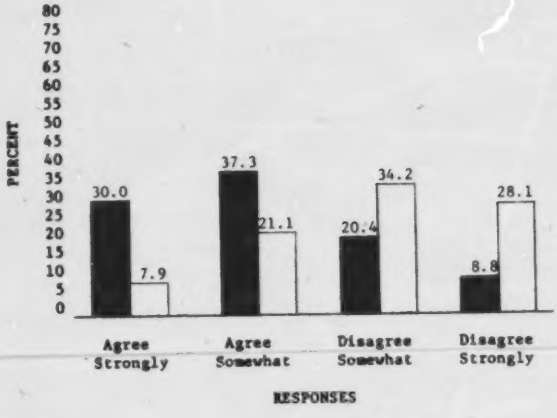
Another example of the "get tough attitude" of educators is found in their response to the statement, "psychedelic music is a free advertisement for drug use and should somehow be restricted by law." Few educators were in agreement with this statement. They differ from experts, however, in their degree of disagreement (See Graph 13).



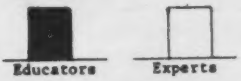
	Total Agree	Total Disagree	No Answer
Educators (N=651)	38.2	58.3	3.5
Experts (N=114)	14.9	84.2	0.9



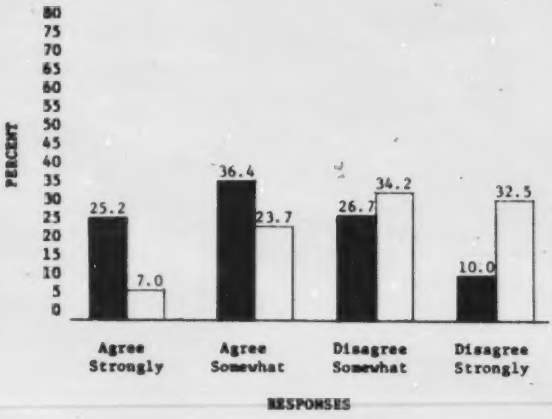
Graph 10 It would be wise to at least experiment with a law that would make the death penalty mandatory for anyone convicted of selling any unlawful drugs to minors.



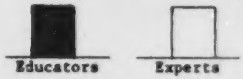
	Total Agree	Total Disagree	No Answer
Educators (N=651)	67.3	29.2	3.5
Experts (N=114)	29.0	62.3	8.7



Graph 11 When all the evidence is in, marijuana will probably prove to be very dangerous.

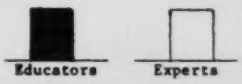


	Total Agree	Total Disagree	No Answer
Educators (N=651)	61.6	36.7	1.7
Experts (N=114)	30.7	66.7	2.6



Graph 12 Reduction of penalties for marijuana use will only encourage the young to try it.

	Total Agree	Total Disagree	No Answer
Educators (N=651)	17.7	78.4	3.9
Experts (N=114)	7.0	91.9	1.1



Graph 13 Psychedelic music is a free advertisement for drug use and should somehow be restricted by law.

Attitudes and Case Studies

Social scientists have long argued the question of whether attitudes have any bearing on behavior.[1] One drug expert has told us, "I don't care what the teachers in my training sessions believe, I only care what they do." Unfortunately, this expert made no effort to find out what his trainees did in their classrooms. Nevertheless, his general point is valid. People do not always act in accordance with professed beliefs.

Financial restrictions made it impossible for us to study teacher attitudes in conjunction with their behavior. Long-term observation programs are expensive and time consuming. We were able, however, to simulate behavior situations by developing a series of case studies in which we depicted various courses of action. Respondents were asked to choose the action that best described what they would do in each situation.

This procedure does not do away with the objection that attitudes do not necessarily reflect behavior. It only brings us one step closer to reality. The first situation presented to teachers and experts did not reveal sharp differences of opinion.

> Case 1: Sally came to her teacher saying she had a problem involving drug use. Before she could tell the teacher about this problem, however, she asked that the teacher promise not to reveal her secrets to anyone. If you were the teacher would you:
> (The following alternative actions were listed on the questionnaire. The percentage of educators and experts responding to each alternative is shown on the following page.)

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[1] Richard T. La Piere, "Attitudes vs. Actions," Social Forces, Vol. 13, 1934. Alan W. Wicker, "Attitudes vs. Actions," Journal of Social Issues, Vol. XXV, No. 4, 1969.

TABLE 1

	Percent of Educators Preferring this Option	Percent of Experts Preferring this Option
Option 1. Tell Sally that you couldn't make the promise because you could not be sure you could keep it. The result of this statement is that Sally leaves without talking about her problem.	22.1	19.3
Option 2. Make the promise knowing that if drugs are involved you will feel you have to notify the principal and possibly other authorities. You are sure, however, that the principal will not reveal that he has received this information from you.	14.6	5.3
Option 3. Make the promise and tell no one about what Sally has told you. Counsel Sally as best you can on your own with the aim of some day getting Sally to volunteer to see more qualified counselors.	56.2	68.4
Don't know, no answer.	7.2	7.0

Differences here are not large. Educators are somewhat more willing to lie to Sally and somewhat less willing to take the responsibility of counseling her. This may not be an indication of educator callousness. It simply implies that there is some disagreement in this case as to what course of action is most likely to be helpful.

Case 2: Tom is a quiet young man without many friends. Although he has been in your classroom for three months, you do not know him well. He is usually a neat dresser but lately he has let his hair grow long, dressed himself in neat but nevertheless hippy-looking clothes and

has come to school with the distinct smell of incense about him.

If you were Tom's homeroom teacher, would you:

TABLE 2

	Percent of Educators Preferring this Option	Percent of Experts Preferring this Option
Option 1. Discuss his transformation with him and ask him if he is experimenting with drugs.	10.9	4.4
Option 2. Ask a student you can trust to find out if Tom is using drugs.	2.2	0.0
Option 3. Report Tom's behavior to the administration, suggesting that he may be a drug user.	18.9	3.5
Option 4. Do nothing but keep an eye on Tom and work to build a relationship with him so that you may be in a position to help him in the future if he needs it.	65.3	88.6
Don't know, no answer.	2.8	3.5

The majority of educators and experts agree that this situation demands nothing more than watchful waiting. Yet, over 30 percent of educators hold different views. Ten percent would confront Tom and ask if he were using drugs despite the fact that they do not know him well. It is interesting that they think such a tactic would get the information they want, but it is also interesting that they would suspect drug use on such soft signs as hair length and the smell of incense. Eighteen percent would suggest to administrators that Tom might be a drug user on the basis of this evidence.

Case 3. A student is discovered smoking marijuana in a school bathroom. How could you like your school to handle the drug user?

TABLE 3

	Percent of Educators Preferring this Option	Percent of Experts Preferring this Option
Option 1. The student should be suspended from school and turned over to the authorities for rehabilitation. The student should not return to school until drug use is discontinued.	31.8	3.5
Option 2. The student is allowed to remain in school but is assigned to school guidance personnel trained to work with drug users.	23.3	31.6
Option 3. The student is handled by administrators who know the meaning and importance of discipline.	7.4	0.9
Option 4. The student is dealt with by a team of teachers who relate well to students and a group of responsible students who know something about drugs. This group of teachers and students would work with doctors, counselors and the administration.	24.7	50.0
Option 5. None of the above.	10.1	9.6
Don't know, no answer.	2.6	4.4

When educators are confronted with a situation in which drug use is certain, rather than merely hypothetical, they are more likely than experts to see punishment as the best way to deal with the problem. Marijuana smoking students would be suspended from school if about one-third of the surveyed educators had their way. Another seven percent of educators would like the case handled by an administrator who knew the meaning and importance of discipline. Twice as many experts as educators would turn the problem over to a team of teachers, students, doctors, counselors, and administrators.

Perhaps the most dramatic way of showing the difference between the attitudes of teachers and experts in this area is to point out that nearly 40 percent of the educators would take a clearly punitive approach (choices 1 and 3) while less than 5 percent of the experts would take such actions. Similar differences were found in responses to the last situation presented on our questionnaire.

Case 4: A person is known to be addicted to heroin. How would you like your school to handle this situation?

TABLE 4

	Percent of educators Preferring this Option	Percent of Experts Preferring this Option
Option 1. The student should be suspended from school and turned over to authorities for rehabilitation. The student should not return to school until his or her drug use is discontinued.	39.8	10.5
Option 2. The student should be suspended from school and turned over to authorities for rehabilitation. The student should not be allowed to return to school under any conditions.	3.8	0.9
Option 3. The student should be assigned to a drug rehabilitation program and allowed to remain in school so long as he or she is making progress in the rehabilitation program.	47.8	72.8
Option 4. None of the above.	6.5	14.0
Don't know, no answer.	2.2	1.8

Here again we find educators more willing than experts to suspend drug users.

We can conclude from these situations that the differences between the attitudes between educators and experts hold up even when we bring our inquiry out of abstract areas and give them the substance of life-like situations. The general themes remain. Teachers seem to fear drug use and show greater willingness than experts to resort to punishment in dealing with young drug users.

Some Practical Suggestions for Drug Education

As far as we have been able to determine, no study of drug education has paid exclusive attention to the question of teacher attitudes. When the topic is dealt with at all it is usually mentioned in passing. For example, one publication of the National Institute of Mental Health states:

> A valid aspect of in-service training would encourage teachers to evaluate their own competencies as drug educators, and decide whether, because of their personal convictions, they might do a greater service to students by not assuming the role of drug mentor.[1]

We believe the issue is much more complicated than this. Educators should certainly have a choice as to whether or not to participate in a drug education program, but it is essential that teachers have enough information about themselves and the proposed program to make intelligent decisions. Decision-makers must have a clear conception of the role the school plans to play in drug education. Every drug education program is based on a set of attitudes and values. These should be made explicit so that teachers can measure their own beliefs against the values that undergird the school's drug education effort.

Unfortunately, many programs leave their underlying values buried in lesson plans and classroom activities. We suggest that they be brought out

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[1] Sanford J. Feinglass, "How to Plan a Drug Abuse Education Workshop," in Resource Book for Drug Abuse Education, 2nd edition, edited by Muriel Nellis (Rockville, Maryland: National Clearinghouse for Drug Abuse Information, 1972), p. 93.

in the open and discussed. We further suggest that school policies be in harmony with the objectives of a drug education program. The activities of teachers and administrators will teach as profound a lesson as any class discussion. For example, it makes little sense to have a drug education program that aims to achieve a free exchange of ideas and a school policy that punishes students for openness.

If, as is often the case, policy makers assign teachers to develop a drug education program, they should understand that teacher attitudes will affect the kinds of programs teachers are likely to produce. The fact that someone is a good social studies teacher and has produced good lesson plans in this area does not necessarily mean that he or she will produce a viable drug education program. As we will see in the next section, drug education attitudes are clearly interwoven with a teacher's ideological perspective. A wise administrator will keep this in mind before blindly assigning teachers to develop a drug education curriculum.

Once a program is adopted, teachers should have the opportunity to evaluate its goals and assumptions before deciding whether or not they wish to take part. While it is unlikely that any program will appeal to all teachers, it is important that disagreements be handled early, before the program is underway. Disagreements are not likely to disappear, but they are less likely to break into heated confrontation if all parties understand the policies and responsibilities that are being developed.

It is clear that there is no one perfect method for drug education. Experts disagree on what policies and programs are best. Yet, it is also clear that there is a much greater unanimity among experts than we find among teachers on these issues. School systems may or may not heed the advice of experts. In any event, the cause of drug education would be better served if schools made

a concerted effort to measure the outcomes of their programs.

We have provided a checklist which assembles the attributes the authors of this report would look for in evaluating a drug education program. We have endeavored to make our recommendations broad enough to allow wide latitude for experimentation.

Drug Education Checklist

A good education program:

1. Is factual and avoids scare tactics. It provides a wide variety of information, shows where the evidence is clear and where it is not, admits ignorance when it exists, and answers all questions openly.[1]
2. Does not soft-pedal the dire consequences of drug use when there is evidence to prove these consequences.[2]

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[1]Jean Langer, "Outline for an Eclectic Approach to School-based Drug Abuse Prevention Programs," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government Printing Office, January 1972), p. 80.

Xenia R. Wiggins et al., Doing Drug Education: The Role of the School Teacher (Washington, D. C.: U. S. Government Printing Office, 1975), pp. 20-22. DHEW Publication No. (ADM) 75-232.

David C. Lewis, "Towards Relevant Drug Education: A Personalized Approach," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 66.

Robert C. Petersen, "Effective Drug Abuse Education: Suggestions for Teachers," in Ibid., p. 72.

Sanford J. Feinglass, "How to Plan a Drug Abuse Education Workshop," in Ibid., p. 92.

Donald B. Louria, The Drug Scene (New York: Bantam Books, 1970), p. 176.

[2]John H. Langer, "Educational Approaches for Drug Abuse Prevention," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government Printing Office, January 1972), p. 8.

Robert C. Petersen, "Effective Drug Abuse Education: Suggestions for Teachers," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 72.

3. Admits that the only thing standing between a student and drug use is a student's ability to make rational and warranted choices. The program, therefore, deals with the process of choosing and discusses the various methods a student can use in making choices.[1]

4. Is integrated into a school-wide effort to allow students some opportunity to choose among various courses of action and to observe and take responsibility for the consequences of their choices.[2]

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[1]Xenia R. Wiggins et al., Doing Drug Education: The Role of the School Teacher (Washington, D. C.: U. S. Government Printing Office, 1975), pp. 10, 13, 18. DHEW Publication No. (ADM) 75-232.

David C. Lewis, "Towards Relevant Drug Education: A Personalized Approach," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 64.

Robert C. Petersen, "Effective Drug Abuse Education: Suggestions for Teachers," in Ibid., p. 72.

Bill C. Wallace, Education and the Drug Scene, (Lincoln, Nebraska: Professional Educators Publications, 1974), p. 89.

[2]Xenia R. Wiggins et al., Doing Drug Education: The Role of the School Teacher (Washington, D. C.: U. S. Government Printing Office, 1975), pp. 13, 17. DHEW Publication No. (ADM) 75-232.

Xenia R. Wiggins, Beyond the Three R's: Training Teachers Affective Education (Washington, D. C.: U. S. Government Printing Office, 1975) DHEW Publication No. (ADM) 75-233.

David C. Lewis, "Towards Relevant Drug Education: A Personalized Approach," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 64.

Richard Brotman and Frederic Suffet, "Preventive Education: School Policy, Procedures and Presentation," Ibid., p. 68.

Bill C. Wallace, Education and the Drug Scene, (Lincoln, Nebraska: Professional Educators Publications, 1974), pp. 88, 89.

5. Involves students in the development of a drug education program and in its continual modification.[1]

6. Allows for input from the community.[2]

7. Is integrated into the regular class work of a school and is not handled as a short-term excursion from regular academic class work.[3]

8. Allows for small group discussions and an open exchange of ideas. Lectures in an auditorium full of students are often counter-productive.[4]

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[1]Xenia R. Wiggins, Beyond the Three R's: Training Teachers Affective Education (Washington, D. C.: U. S. Government Printing Office, 1975) DHEW Publication (No. ADM) 75-233.

[2]Xenia R. Wiggins et al., Doing Drug Education: The Role of the School Teacher (Washington, D. C.: U. S. Government Printing Office, 1975), p. 19. DHEW Publication No. (ADM) 75-232.

[3]John H. Langer, "Educational Approaches for Drug Abuse Prevention," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government Printing Office, January 1972), pp. 7, 9.

John Langer, "Outline for an Eclectic Approach to School-based Drug Abuse Prevention Programs," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government Printing Office, January 1972), p. 80.

Robert C. Petersen, "Effective Drug Abuse Education: Suggestions for Teachers," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 72.

[4]No author indicated, "Philosophies of Drug Education," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government Printing Office, January 1972), p. 3.

Reginald Smart, "High School Drug Use: A Survey with Implications for Education," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 17.

David C. Lewis, "Towards Relevant Drug Education: A Personalized Approach," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 64.

Sanford J. Feinglass, "How to Plan a Drug Abuse Education Workshop," in Ibid., p. 92.

9 Is taught by teachers who are well informed and whose attitudes allow them to deal with (though not necessarily accept) ideas divergent from their own. Such teachers should be skilled in counseling techniques as well as drug education issues. They should receive special training in these areas.[1]

10. Is compatible with school policies concerning drug use.[2]

11. Is taught by teachers who are aware of events in the youth culture and who are familiar with the drug culture in the local community.[3]

12. Is taught by teachers who are supported and respected by the rest of the faculty. It is easy for drug education teachers to become alienated from the rest of the staff. When this happens, it makes it dif-

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[1]John H. Langer, "Educational Approaches for Drug Abuse Prevention," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government

Xenia R. Wiggins et al., Doing Drug Education: The Role of the School Teacher (Washington, D. C.: U. S. Government Printing Office, 1975), pp. 13-19. DHEW Publication No. (ADM) 75-232.

Robert C. Petersen, "Effective Drug Abuse Education: Suggestions for Teachers," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), p. 72.

Richard Brotman and Frederic Suffet, "Preventive Education: School Policy, Procedures and Presentation," Ibid., p. 68.

Sanford J. Feinglass, "How to Plan a Drug Abuse Education Workshop," in Ibid., p. 93

[2]John Langer, "Outline for an Eclectic Approach to School-based Drug Abuse Prevention Programs," in Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Guidelines for Drug Abuse Prevention Education (Washington, D. C.: U. S. Government Printing Office, January 1972), p. 81.

[3]Xenia R. Wiggins et al., Doing Drug Education: The Role of the School Teacher (Washington, D. C.: U. S. Government Printing Office, 1975), pp. 22. DHEW Publication No. (ADM) 75-232.

ficult to convince students that the school is supporting the program.[1]

13. Is experimental and has a system to monitor the program's results and adjust its practices accordingly.[2]

14. Is integrated with school policies regarding drug use among students. Such policies should emphasize the rehabilitation of drug-dependent students rather than their punishment. This does not disallow punishment, it merely places it in the context of a helping relationship.

15. Provides an orientation workshop for all teachers in the school and gives them an opportunity to freely discuss their reactions to the program. Some closure is necessary after such discussions but opportunities for further discussions should be available.[3]

These guidelines are in keeping with the attitudes held by most experts surveyed. They emphasize the need for truth in drug education and discourage the use of scare tactics. They support open discussions and discourage simple lecture programs. They do not devalue punishment entirely but neither do they support handling all drug cases by simply removing an offender from the school. Expelling students removes the problem from the school but not from the student. Some educators may find that these guidelines challenge their basic beliefs. For that reason, many schools may not wish to adopt them. In any event, it

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[1]Xenia R. Wiggins, Beyond The Three R's: Training Teachers Affective Education (Washington, D. C.: U. S. Government Printing Office, 1975) p. 35. DHEW Publication (No. ADM) 75-233.

[2]Xenia R. Wiggins, Beyond the Three R's: Training Teachers Affective Education (Washington, D. C.: U. S. Government Printing Office, 1975) pp. 36-37. DHEW Publication (No. ADM) 75-233.

[3]Sanford J. Feinglass, "How to Plan a Drug Abuse Education Workshop," in Muriel Nellis et al., ed. Resource Book for Drug Abuse Education, Second Edition, (Washington, D. C.: U. S. Government Printing Office, 1972), pp. 91-104.

is hoped that these guidelines will encourage drug education programs to be explicit about their aims and experimental in their practices.

Drug education is always a potential cause of controversy. While such controversy cannot be eliminated, two factors seem to inhibit conflict. Many schools have found that conflict is lessened when there is an open discussion and compromises are made when they seem warranted. The guidelines set out here are certainly broad enough to allow for such compromises. The educational enterprise is strengthened by frank discussions of the issues.

Conflict is also lessened by the fact that those educators who are in strongest disagreement with the attitudes which undergird these guidelines are also, according to our research, the ones most willing to assign drug education efforts to others. (That is, to other teachers, parents, police, rehabilitation clinics and so on.) The fact that these teachers do not have to deal with drug users and are not asked to teach concepts with which they disagree, often means that they are unlikely to oppose existing drug education programs. It is important, however, that their views be heard and that they not be forced to take part in a program they cannot agree with.

It is unlikely that a teacher can successfully administer a program based on values that conflict with his own. The most interesting aspect of this study comes into play on this issue. It was found that the attitudes of teachers regarding drug use, school policies and drug education are not free-floating ideas. They are tightly connected to a constellation of beliefs which are essentially ideological. We will discuss these findings in the next section. The point important for policy-makers to understand is that such ideas are not easily changed. Therefore, it is a mistake to assume that a teacher's ideas about drugs are likely to change in the course of an in-service workshop. Ideological beliefs run deeply

into an individual's character structure and are not easily redirected. The ideological nature of teacher opinion in this matter may change when science provides a firm foundation of facts on which to build a drug education program. There is no such foundation today and it is unlikely that it will be erected in the near future.

Ideology and Drug Education

Ideology is a system of beliefs about the nature of the social and physical world. Silvan Tomkins (a philosopher turned psychologist) has defined ideology as an "organized set of ideas about which human beings are at once both articulate and passionate but about which they are least certain."[1] Strongly held ideologies can blind individuals to "the facts" alive in a situation. However, ideology has its strongest and most persistent influence in those areas where "the facts" are ambiguous. In such cases ideology serves to order what would otherwise be chaotic, contradictory or confusing. It fills the void of uncertainty and orders the environment in ways which are consistent with an individual's values and beliefs about the world.

Ideology is most likely to come into play when (a) an issue is seen as vitally important, (b) where there are contrasting opinions as to what is and/or should be happening and (c) where it is difficult to scientifically prove one idea or interpretation of a situation superior to another. Educational issues often meet each of these criteria and, therefore, are frequently dealt with ideologically.

If ideology is a powerful force in education in general, it is an even more potent force in drug education. Here teachers directly confront life and death issues. Drug Education involves the physical and mental well-being

[1]Silvan Tomkins, "Left and Right: A Basic Dimention of Ideology and Personality" in Robert White, ed., The Study of Lives (New York: Atherton Press, 1963), p. 389.

of students and has implications for the social stability of the school and society. These uncertainties are compounded by the dearth of solid information on which to build sound drug education programs. For these reasons drug education has become an ideological issue. Any new information which may come into the drug education field will be met by deeply felt ideological assumptions among educators.

The drug education questionnaire presented to teachers contained two measures of ideology. The first merely asked, "Do you consider yourself conservative, somewhat liberal, or liberal?" Responses to this question are presented in Table 5. Also presented in Table 5 are results from an identical question asked of teachers in a National Educational Association survey conducted in 1971.[1]

TABLE 5

	Florida Educators	NEA National Study
Conservative	15.7 (101)	16.9
Somewhat Conservative	38.7 (252)	43.6
Somewhat Liberal	32.0 (208)	27.8
Liberal	11.5 (75)	11.7
All other, no answer	2.4 (15)	
Total	100.0 (651)	100.0

[1] Research Division - National Education Association, Status of the American Teacher (Washington, D. C.: National Education Association), p. 158.

When responses to the self-report ideological question were crossed with each of the 13 drug education questions reviewed in this study, significant correlations were discovered. In all but two cases the correlations were significant beyond the .0000 level. The two exceptions showed correlations beyond the .01 level of significance.[1]

A second measure of ideology was included in the questionnaire. This consisted of 16 questions borrowed from a battery of items developed by Silvan Tomkins. These 2 measures seemed to tap slightly different dimensions of teacher ideology, but we need not explore these differences here. Suffice it to say that correlations between the two measures (that developed by Silvan Tomkins and self-report) were significant beyond the .0000 level.

While these correlations are suggestive, we wished to press the issue further.

We asked the question, "Do educators hold consistently conservative or liberal ideas across a number of educational issues or, does ideology affect some educational beliefs and not others?" To answer this question we investigated a number of issues outside of drug education. Questions not dealing directly with drug education were grouped under 3 headings:

1. Proper Role of Teachers and Administrators
2. School Rules and School Problems
3. Campus Unrest

[1]The first exception was on the question, "By the time a child begins to use psychedelic drugs he is probably so psychologically disturbed that the school can do very little to straighten him out." Correlations with Ideological Self Report were beyond the .0010 level. The second exception was found on the question, "One reason why children use drugs is that drugs are pleasurable." Correlations with Ideology on this question were beyond the .0095 level.

Drug education questions were grouped under 3 headings as well.

4. The Reasons for Drug Use
5. Policies and Prescriptions
6. The Power of Punishment

To clarify our analysis we directed our attention to those educators who were identified as consistently liberal and consistently conservative. We dealt with 140 educators who identified themselves as liberal on the Self Report question and were found to be liberal on the Silvan Tomkins scale. We also dealt with 96 educators who were identified as conservative on both the Self Report and the Tomkins scale.

By focusing on pure liberal and conservative categories, differences in attitudes toward education were dramatized. It was assumed that liberal educators would take a more "child-centered" position on educational issues and that conservatives would tend to be more "rule oriented."

Scores on the items were averaged within categories. It was anticipated that the responses from the categories would predict whether a teacher was a political conservative or a liberal. A step wise discriminant function analysis was conducted in which the category scores were the independent variables and political ideology was the dependent variable.

Results

The results of the analysis strongly supported the contention that attitudes toward drug education specifically, and school rules in general, were related to political ideology. In other words, teachers with the same ideology tended to respond in a similar way on items within each category. Eighty-six percent of the liberals and seventy-nine percent of the conservatives were correctly classified by the analysis of their responses to the six categories.

All six categories made a statistically significant contribution to the analysis using Wilks Lambda as the criterion and a significance level of $p \leq .01$. The greatest differences between liberals and conservatives were due to attitudes towards punishment for drug offenses. Liberals indicated some reluctance to report drug offenders to the law.

Attitudes toward college unrest and differences in the perception of the role of teachers were of secondary importance in differentiating liberal and conservative teachers. Conservative teachers reported that college unrest was the work of trouble makers while liberals believed college unrest was the result of a legitimate concern over social issues. Liberal teachers tended to believe that personal characteristics of the teachers were the basis for student respect while conservative teachers stated that automatic respect should come with the teacher role.

The remaining three categories did make independent contributions to the explanation of the differences in attitudes between teachers. Teachers differed over the effectiveness of drug education programs; liberals believed that the programs were of value in reducing drug use. Differences in attitudes toward the danger of drug use and the support of school rules were smaller than found in other categories.

The orientation of liberal teachers as "child centered" and conservative teachers as "rule oriented" was substantiated by the analysis. Teachers responded to questionnaire items in predictable ways. The implication of these findings is that teachers will react to education programs in general, and drug education programs in particular, very differently depending upon their ideological orientation.

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